BEST AVAILABLE COPY

P/	TENT	APPLI	CATION	FFF DF1	FRMINATIO	ON RECORD
	71 - 17 1	~! ! L!	CALICIA			

Effective October 1, 2000

Application or Docket Number

09/757321

CLAIMS AS FILED - PART I (Column 1)					SMA (Column 2) TYPE				IALL ENTITY PE OF		OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			17				Ī	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			\ \ \ minus 20=		· 9			X\$ 9=		OR	X\$18=	9	
INDEPENDENT CLAIMS			う minus 3 =		* 9		Ì	X40=		OR	X80=	B	
MULTIPLE DEPENDENT CLAIM PRESENT							ı	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	Į	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								'			OTHER	THAN	
_	p	(Column 1)	(Colum			(Column 3)		SMALL E	NTITY OF		SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	T CL AIAA	=		X40=		OR	X80=	. ,	
	FINOT PRESE	NIATION OF W	OLTIPLE DEF	ENDEN	CLAIN		١	+135=		OR	+270=		
							ı	TOTAL			TOTAL		
								ADDIT. FEE		lon.	ADDIT. FEE		
		(Column 1) CLAIMS	,		mn 2) HEST	(Column 3)	1 r		4001	1	-	4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>		X40=	* · · · · · · · · · · · · · · · · · · ·	OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	<u>_</u>						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	╛	X\$ 9=		OR	X\$18=	Į l	
	Independent	*	Minus	***		=]	X40=			X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM]			OR	700=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is column 1.													